



Utah Department of Health  
Office of Primary Care and Rural Health  
P.O. Box 142005  
Salt Lake City, Utah 84114-2005  
(801) 538-6113 FAX: (801) 538-6387  
Web Site: <http://health.utah.gov/primarycare/>

**UTAH HEALTH CARE WORKFORCE  
FINANCIAL ASSISTANCE PROGRAM**  
**ATTENTION: Nursing Schools/Training Institutions**  
**Site Applications Are Reviewed**  
**for Designation at Least Once Each Year.**

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**UTAH NURSING SCHOOLS/TRAINING INSTITUTIONS  
SITE APPLICATION FORM FOR THE  
UTAH HEALTH CARE WORKFORCE FINANCIAL ASSISTANCE PROGRAM**

**REQUIRED INFORMATION**

To become an eligible site for the Utah Health Care Workforce Financial Assistance Program (HCWFAP), the applicant Utah Nursing School/Training Institution must complete the **entire** "Site Application Form" and include all requested attachments. **All of the required information and documentation must be submitted in a single package.** *An application must be submitted for each nursing educator/instructor requested.* The information contained in the Site Application Form will be used to assist in determining eligibility and prioritization of sites. Section A through I are not scored, but answers are required.

A. \_\_\_\_\_  
Name of Nurse Training Program

\_\_\_\_\_  
Name of School/Educational Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different than Street Address)

\_\_\_\_\_  
County Site Located

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Fax Number

B. \_\_\_\_\_  
Name of Sponsoring Organization (If different than School/Educational Institution)

\_\_\_\_\_  
Name and Title of Sponsoring Administrative Official

X \_\_\_\_\_  
*Signature of Sponsoring Administrative Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address (if different than Street Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

<http://> \_\_\_\_\_  
Web Site Address

C. Check Only One Below: Check Only One As Follows:

**PLEASE TYPE OR PRINT LEGIBLY**

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- ☐ Public ☐ Institution  
☐ Private Non-Profit ☐ College/University  
☐ Private For-Profit  
☐ Other (please explain): \_\_\_\_\_

**D. Health Care Professionals covered by the HCWFAP.**

1. Please note that ***only the following*** fully-licensed health care professionals are covered by the HCWFAP:

Dentists:

D.D.S.  
D.M.D.

Mental Health Therapists:

Clinical Psychologist  
Licensed Clinical Social Worker  
Licensed Professional Counselor  
Marriage and Family Therapist

Nurse Educators/Instructors:

Master's Degree Nurse (M.S.N.)  
Doctorate of Philosophy in Nursing  
(Ph.D.)

Physicians:

D.O.  
M.D.

Midlevel Practitioners:

Nurse Midwife (Certified ONLY)  
Nurse Practitioner  
Physician Assistants (Certified ONLY)  
Registered Nurse Anesthetist  
(Certified ONLY)

Staff Nurses:

Licensed Practical Nurse  
Associate Degree Nurse (R.N. ONLY)  
Bachelor's Degree Nurse (R.N. ONLY)  
Master's Degree Nurse (R.N. ONLY)

**E. Discipline and Specialty of the Nursing Educator(s)/Instructor(s) requested.**

1. Describe the discipline and specialty (if any) of the Nursing Educator/Instructor you are requesting. (For example, a master's degree nurse prepared to instruct bachelor's level nurses in community health nursing, or labor and delivery, or psychiatric/mental health, etc.) [no points, but answer required]  
☐ Master's Degree in Nursing ☐ Doctorate of Philosophy in Nursing
2. Include the percent and/or FTE for the position(s) requested, **and** the number of hours per week required for that percent/FTE. (Such as, 1 FTE or 100% master's degree nurse at 40 hours per week; .5 FTE or 50% doctor of philosophy nurse at 20 hours per week.) [Answer required]
3. For the Nursing Educator/Instructor requested, please provide the length of time the Nursing Educator/Instructor vacancy has been unfilled. [Answer required.]

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- F. **Special Qualifications of the Nursing Educator/Instructor Requested.** Describe any special qualifications (if any) the Nursing Educator/Instructor may need to serve the needs at your nursing school/training institution (such as other languages, cultural experiences, specialty training). Please write "NA" if not applicable. [Answer required]
- G. **Level of Nursing the Requested Nursing Educator/Instructor will be Training.** Describe by the level of nursing the percent of time Nursing Educator/Instructor requested will spend on training and type of training. (Such as, 70% Nursing Educator/Instructor time spent on community health nursing training to bachelor's prepared nurses). [Answer required.]
- H. **Nursing Educator/Instructor Match.** Do you currently have a Nursing Educator/Instructor you would like matched with your nursing school/training institution/college of nursing, if your nursing school/training institution application is approved? If so, please provide us with the name(s) and discipline(s) (such as, Florence Nightingale, M.S.N., Bacchus, Utah).
- I. **Scored Section of Site Application.** Responses are required for all questions. Please write "NA" or detailed explanation to questions that are not applicable to your nursing school/training institution.

1. **Description of the nursing school/training institution.**

- a) Please provide the total number of nursing students registered at the nursing school/training institution during the past school year. Please include the school year period covered by this number.

Total Number of Nursing Students Registered	LPN	ADN	BSN	MSN	PhD
Number of Nursing Students:					
School Year Covered by this Number:					

- b) Please provide the number of qualified nursing student applications denied by the nursing school/training institution during past school year. Please include the school year period covered by this number.

Number of Nursing Student Applications Denied	LPN	ADN	BSN	MSN	PhD
Number of Nursing Student Applications Denied:					
School Year Covered by this Number:					

- c) Please provide the total number of student body at the college/university during the past school year. Please include

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the school year period covered by this number.

<b>Total Number of Students:</b>	
<b>School Year Covered by this Number:</b>	

2. **Residence of nursing students** (as a percent of total student body at the nursing school/training institution):

Residence of Nursing Students	Percent (Do not use figures less than 5%)
Utah Residents	%
Resident of Other State	%
Resident of Other Country (Foreign)	%
Unknown	%
<b>Total</b> (Total Does Not Need To Add to 100 percent)	%

3. **Describe the type and adequacy of your nursing school/training institution for the requested Nursing Educator/Instructor.**

- a) Describe the nursing school/training institution, including all support services available. Provide the number of class rooms per Nursing Educator/Instructor, additional support personnel to be hired when you hire the requested Nursing Educator/Instructor, handicapped accessibility, and any in-kind services for the additional Nursing Educator/Instructor described under item E.

- b) Provide the current **faculty/student ratio** (i.e., 10 master's level Nurse Educators/Instructors to 100 bachelor's level nursing students).

Current Number "Clinical" Nursing Faculty		TO	Current Number Nursing Students	
Master's Level Nursing Educator/Instructor	_____	:	_____	Licensed Practical Level
	_____	:	_____	Associate Level
	_____	:	_____	Bachelor Level
	_____	:	_____	Masters Level
	_____	:	_____	Doctorate Level
Doctorate Level Nursing Educator/Instructor	_____	:	_____	Licensed Practical Level
	_____	:	_____	Associate Level
	_____	:	_____	Bachelor Level
	_____	:	_____	Masters Level
	_____	:	_____	Doctorate Level

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Current Number "Teaching" Nursing Faculty		TO	Current Number Nursing Students	
Master's Level Nursing Educator/Instructor	_____	:	_____	Licensed Practical Level
	_____	:	_____	Associate Level
	_____	:	_____	Bachelor Level
	_____	:	_____	Masters Level
	_____	:	_____	Doctorate Level
Doctorate Level Nursing Educator/Instructor	_____	:	_____	Licensed Practical Level
	_____	:	_____	Associate Level
	_____	:	_____	Bachelor Level
	_____	:	_____	Masters Level
	_____	:	_____	Doctorate Level

- c) Provide the **average class size** that the Nursing Educator/Instructor requested will be required to instruct.

Type of Degree Being Sought by Student	LPN	ADN	BSN	MSN	PhD
<b>Average Class Size:</b>					

4. Does the nursing school/training institution have **plans to expand enrollment**? If there are plans to expand enrollment, please provide details including dates for expansion, changes in faculty, changes in class size, and changes in enrollment.

5. **Nursing student enrollment diversity.** Special populations as a percent of total nursing student population at the nursing school/training institution where the requested Nursing Educator/Instructor would be instructing. Please note: Use "0" or NA for populations not part of nursing school/training institution.

	Percent	Source of Data
Special Needs Students ( <b>Please explain below</b> )	%	
Ethnic/Minority Populations ( <b>Please describe below</b> )	%	
Other ( <b>Please describe below</b> )	%	

*Please include explanation or description of the Special Populations that you have included in the table above.*

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6. What is your **current staffing** for the Nursing Educator/Instructor requested? What is your **projected staffing need** for the Nursing Educator/Instructor requested?

	Number of Master's Level Nursing Educators/Instructors		Number of Doctorate of Philosophy Level Nursing Educators/Instructors	
	Full-Time	Part-Time	Full-Time	Part-Time
a) Current Nursing Educators/Instructors				
b) Projected Nursing Educators/Instructors Needed				
c) Projected Nursing Educators/Instructors Needed Funded But Unfilled				

7. **Source of Funding.**

- a) What are the initial **sources of salary and benefits for the Nursing Educator/Instructor** described under item E? For the next five years, what types of financial support will be available and accessible to continue long-term employment?
- b) *Please include a copy of the **initial type of contract or employment agreement that would be offered to the Nursing Educator/Instructor** described under item E. Contracts should include malpractice insurance.*
- c) What are the **sources of financial support for staff, administrative personnel, office space, supplies, and equipment?**
- d) *Include with site application packet your organizations/agencies written **recruitment and retention plan** that is used by the applicant nursing school/training institution to recruit AND retain the Nursing Educator/Instructor.*
8. **Distance to next available school.** If your nursing school/training institution closed, how long would it take your students to reach the next nursing school/training institution where they would be able to obtain the nursing degree(s) offered by your nursing school/training institution? Please identify the name of that school.

9. Person completing this application:

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. Additional comments or information: ***A maximum limit of 2 pages for any comments or additional information.***

**PLEASE RETURN COMPLETED SITE APPLICATION FORM, AND ATTACHMENTS, TO:**

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Utah Department of Health  
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**OR FAX TO:**

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### CHECK LIST:

Have you included each of the following? If not, your application may be delayed or denied. *Please assure that each of the boxes below are checked and this Check List is returned with your completed site application.*

- ☐ Have all sections of the Site Application been completed? Sections "not applicable" to the site should have been marked "NA." If not, your site application may be delayed or denied.
- ☐ Has the Sponsoring Administrative Official of the Site signed on page 1? If not, application will be returned to site.
- ☐ E.1. Did you provide the Discipline and Specialty of the Nursing Educator/Instructor being requested on page 2? If not, application will be returned to site.
- ☐ E.2. Did you include the percent time or FTE of the Nursing Educator/Instructor requested? If not, application will be returned to site.
- ☐ E.3. Did you include the length of time the Nursing Educator/Instructor vacancy has been unfilled? If not, application will be returned to site.
- ☐ Have you included the Special Qualifications of the requested Nursing Educator/Instructor as listed under section F on Page 3 of application?
- ☐ Have you included the Level of Nursing the requested Nursing Educator/Instructor will be training as listed under section G on Page 3 of application? If not, application will be returned to site.
- ☐ Have you included the name of a Nursing Educator/Instructor that you would like matched with your site? This is listed under section G on Page 3 of the application. A response to this question will assist the HCWFAP in matching sites with Nursing Educator/Instructor applicants.
- ☐ 1.a) Did you provide the total number of nursing students registered at the nursing school/training institution annually? If not, application will be returned to site.
- ☐ 1.b) Did you provide the number of nursing student applications denied by the nursing school/training institution? If not, application will be returned to site.
- ☐ 1.c) Did you provide the total number of student body at the college/university annually? If not, application will be returned to site.
- ☐ Have you provided the residence of nursing students, as listed under item 2, on page 4? If not, application will be returned to site.
- ☐ 3.a) Did you included a description of the nursing school/training institution as listed in item 3, on page 4? If not, application will be returned to site.
- ☐ 3.b) Did you provide the number of clinical nursing faculty to nursing student ratio as listed under item 3, on page 4, and the number of teaching nursing faculty to nursing student ratio as listed under item 3, on page 5? If not, application will be returned to site.
- ☐ 3.c) Did you provide the average class size for the Nursing Educator/Instructor requested as listed under item 3, on page 5? If not, application will be returned to site.
- ☐ Have you responded to question on plans to expand enrollment under item 4 on page 5 of application? This answer is required in order to review your application.
- ☐ Have you included a response to nurse student enrollment diversity under item 5, on page 5?
- ☐ Have you included the current staffing and the projected staffing for the nursing school/training institution, under item 6, on page 6? This answer is required.
- ☐ 7.a) Did you include a clear explanation of your source of funding for the Nursing Educator/Instructor requested, as listed under item 7 on page 6? If not, application will be returned to site.
- ☐ 7.b) Did you include a copy of the initial type of contract or employment agreement that would be offered to the Nursing Educator/Instructor requested? If the Nursing Educator/Instructor will be an employee of the site, a copy of the benefit package that is offered to the employee is requested (i.e., health insurance benefits, hours of paid vacation, hours of sick leave, continuing education leave offered, etc.). If not, application may be delayed or denied.
- ☐ 7.c) Did you include a clear explanation of your source of funding for support staff, office space, etc., as listed under item 7 on page 6? If not, application will be returned to site.
- ☐ 7.d) Did you include a copy of your site's recruitment and retention plan? If not, application may be delayed or denied.
- ☐ Have you responded to item 8 on page 6 of application? If not, application may be delayed or denied.
- ☐ Did you complete item 9 on page 7 and include the signature, email address, and telephone number of the person completing the application?
- ☐ Additional comments or information may include support letters from local community leaders, Nursing Educators/Instructors, or agencies/organizations supporting your recruitment and retention efforts.